

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216508101		
1.) CORPORATION NAME: DUE DATE: 2/29/2016 Guild of the Virginia Shakespeare Festival				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH DELLINGER 105 PROCTOR CIRCLE WILLIAMSBURG, VA		SCC ID NO: 07197742 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: JAMES CITY COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 105 PROCTOR CIRCLE CITY/ST/ZIP: WILLIAMSBURG, VA 23185 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH DELLINGER CHAIRMAN 105 PROCTOR CIR WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AL MCKENNEY VICE CHAIRMAN 516 FAIRFAX WAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN MCKENNEY SECRETARY 516 FAIRFAX WAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BLEDSOE DIRECTOR 162 RUTH LN WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES EUGENE BUSH DIRECTOR 207 ROBERT ELLIFFE RD WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RITA DAVIS DIRECTOR PO BOX 729 TOANO, VA 23168	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYN DELLINGER DIRECTOR 105 PROCTOR CIR WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE DICKSON DIRECTOR 613 IRONWOOD DR YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH GRAY DIRECTOR 405 TYLER ST WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOIS HORNSBY DIRECTOR 311 INDIAN SPRINGS RD WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOSEPH DELLINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH DELLINGER, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	3/1/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			